

## TEAM INFORMATION

Team Name or Sponsor: \_\_\_\_\_

Team Captain: First Name/Last Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Player #1: First/Last Name: \_\_\_\_\_ HCP: \_\_\_\_\_

Player #2: First/Last Name: \_\_\_\_\_ HCP: \_\_\_\_\_

Player #3: First/Last Name: \_\_\_\_\_ HCP: \_\_\_\_\_

Player #4: First/Last Name: \_\_\_\_\_ HCP: \_\_\_\_\_

## PAYMENT

ENTRY FEE: \$500 PER TEAM \* 4-PERSON SCRAMBLE  
\$100 LIMITED HOLE SPONSORSHIPS AVAILABLE

Check: Make check payable to the American Legion and mail with this registration form to:

American Legion Post 572  
PO Box 704, San Angelo, Texas 76902

Please bill my credit card: (Circle Type - Visa MC Disc Amex)  
Complete and mail this form to the same address above:

Cardholder First/MI/Last Name: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Signature: \_\_\_\_\_

VETERANS STRENGTHENING AMERICA

# 5th Annual Memorial Golf Tournament

 AMERICAN  
LEGION

 AMERICAN  
LEGION  
AUXILIARY

Presented by  
American Legion Smith-Bryant Post 572

**31 May 2025**

